How strengthened surveillance systems can improve access to low-cost, high-quality life-saving commodities?

Linking informal health sector to Public MIS

Tanzania Health Supply Chain Summit

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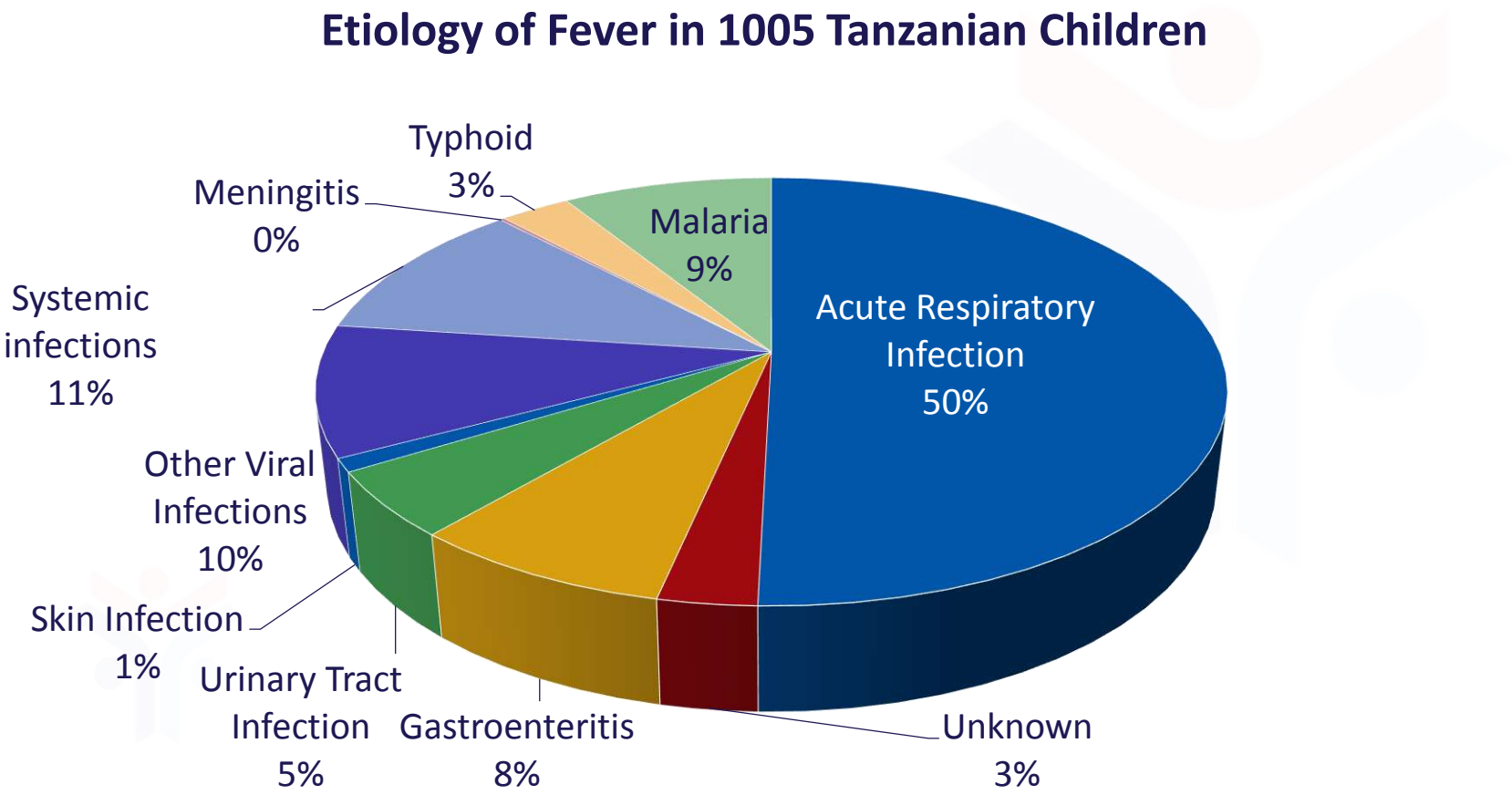
Content outline

1	Private sector for Febrile Illness Management in Tanzania
2	Importance of surveillance in the private sector
3	CHAI efforts to introduce private sector surveillance
4	Integrating public and private sector surveillance systems

Over 90% of fever cases are caused by diseases other than malaria



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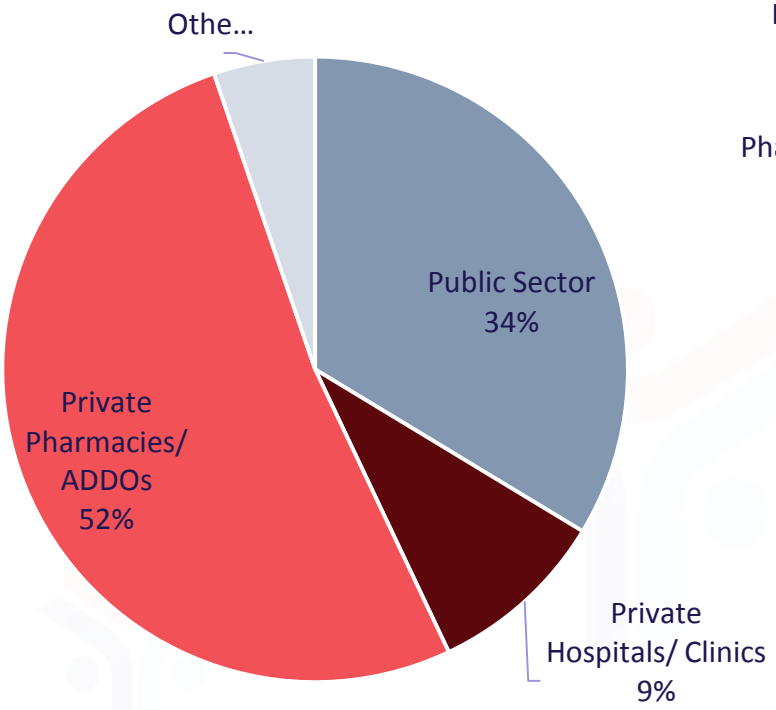
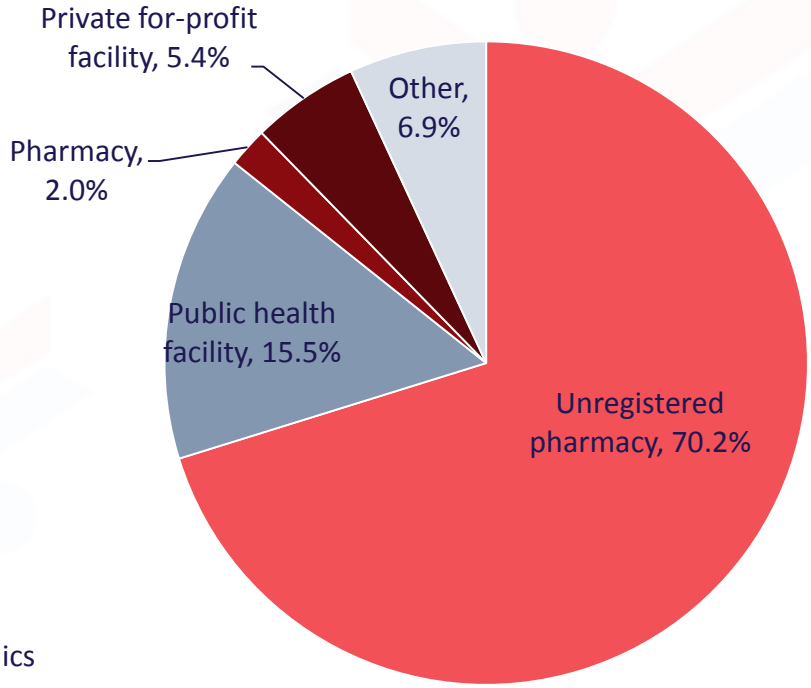
Almost two-thirds of fever cases seek treatment in the private sector, making this sector a critical player in febrile illness case management

Care seeking behavior



Antimalarial availability

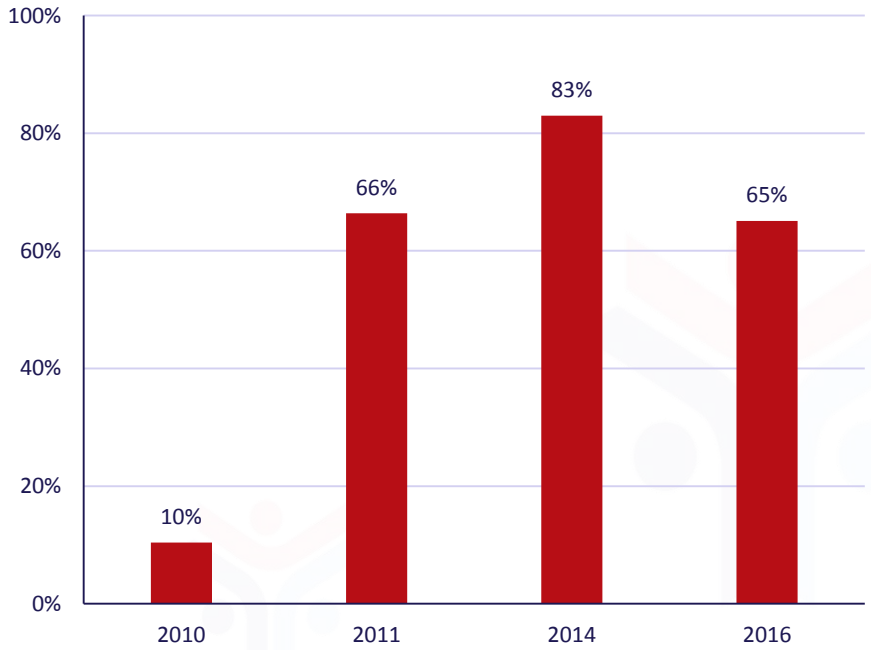


To achieve optimal outcomes, the private sector must be effectively engaged

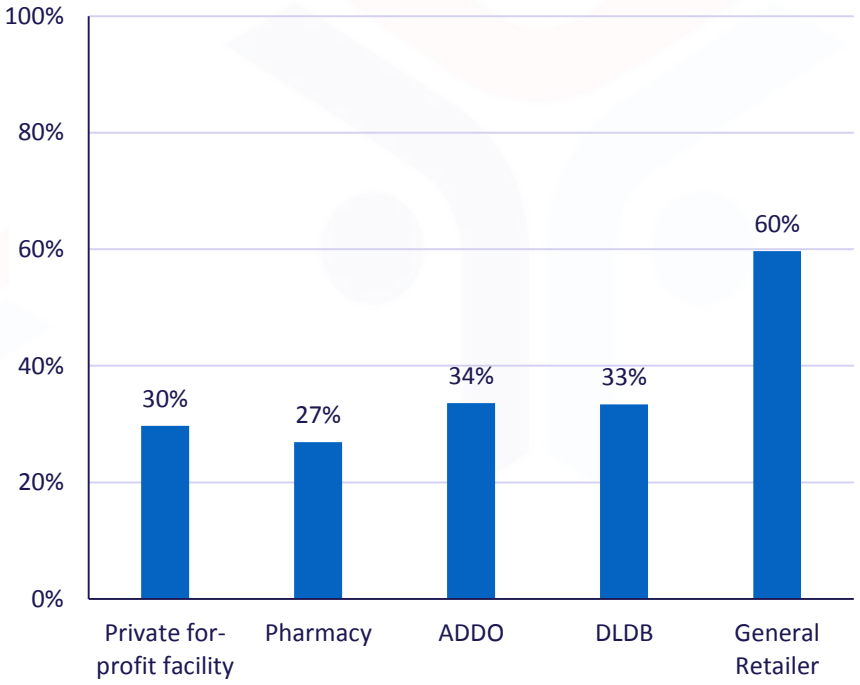
Sources: DHIS 2015/2016, MIS 2011, ACT Watch 2017

Although private outlets have QAACTs, most sales are still other antimalarials

Percent of private sector outlets selling antimalarials that had QA-ACTs available, by survey round

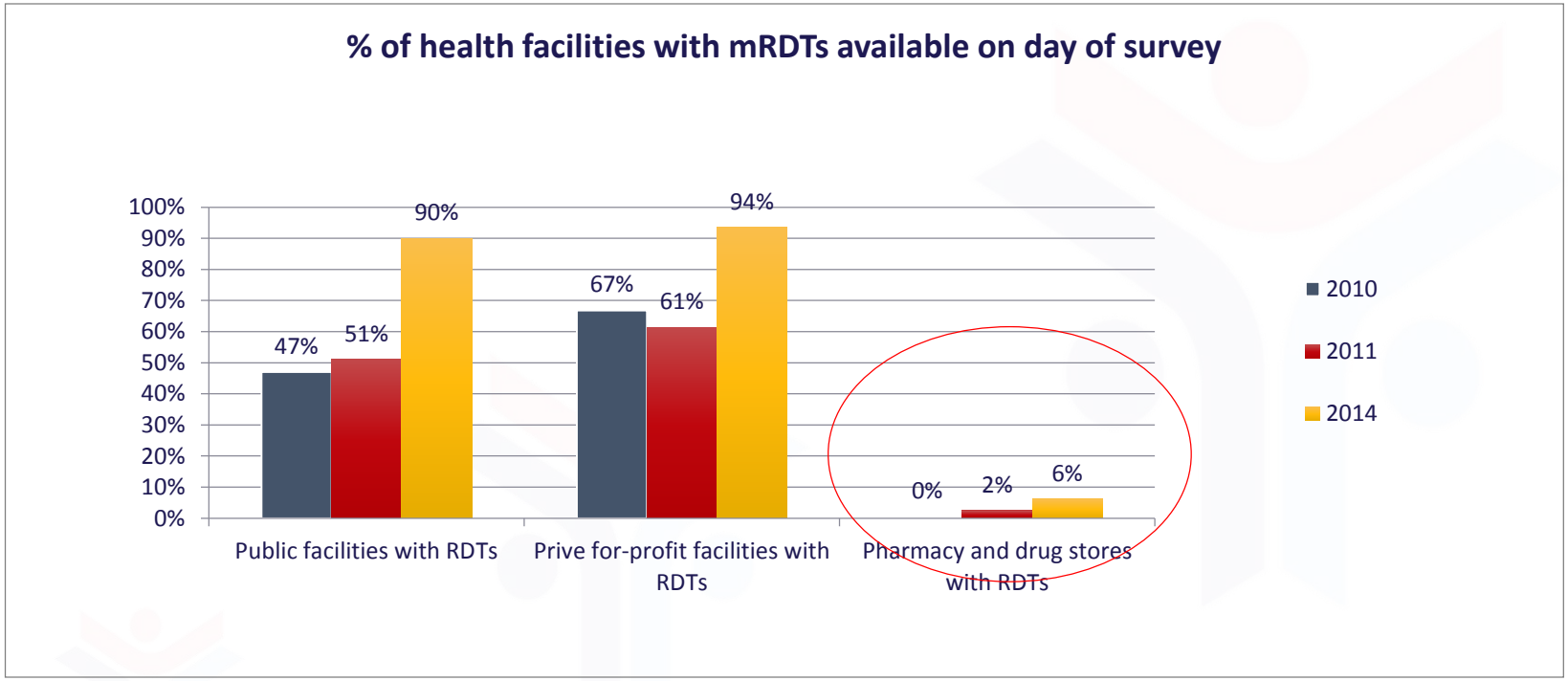


Percent of antimalarials sold that were QA-ACTs by Facility Type, Private Sector



Sources: ACT Watch 2017

RDT availability in places where most people seek care is still very low



Testing before treatment will reduce further as recent regulation does not allow RDTs to be stocked in ADDOs

Sources: ACT Watch 2017

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Data collection, reporting, analysis and response are the four components of an effective public health surveillance system

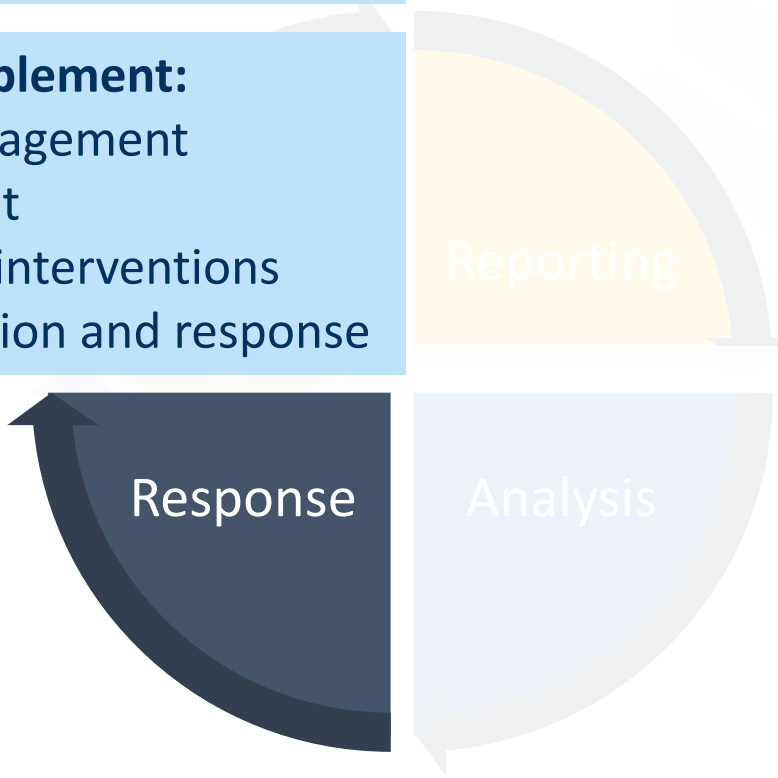
Sources: ACT Watch 2017

A strong surveillance facilitates decision making

Feedback to all levels

Plan, target, and implement:

- Supply chain management
- Case Management
- Community level interventions
- Outbreak prevention and response



Sources: ACT Watch 2017

Timely and accurate reporting is critical to ensure appropriate action

Transmission of information

- Aggregate or case-based
- Timely
- Electronic reporting
- Validation processes

Information system

- Accessible at all levels across sectors
- Indicators spatially linked (different regions)
- Secure

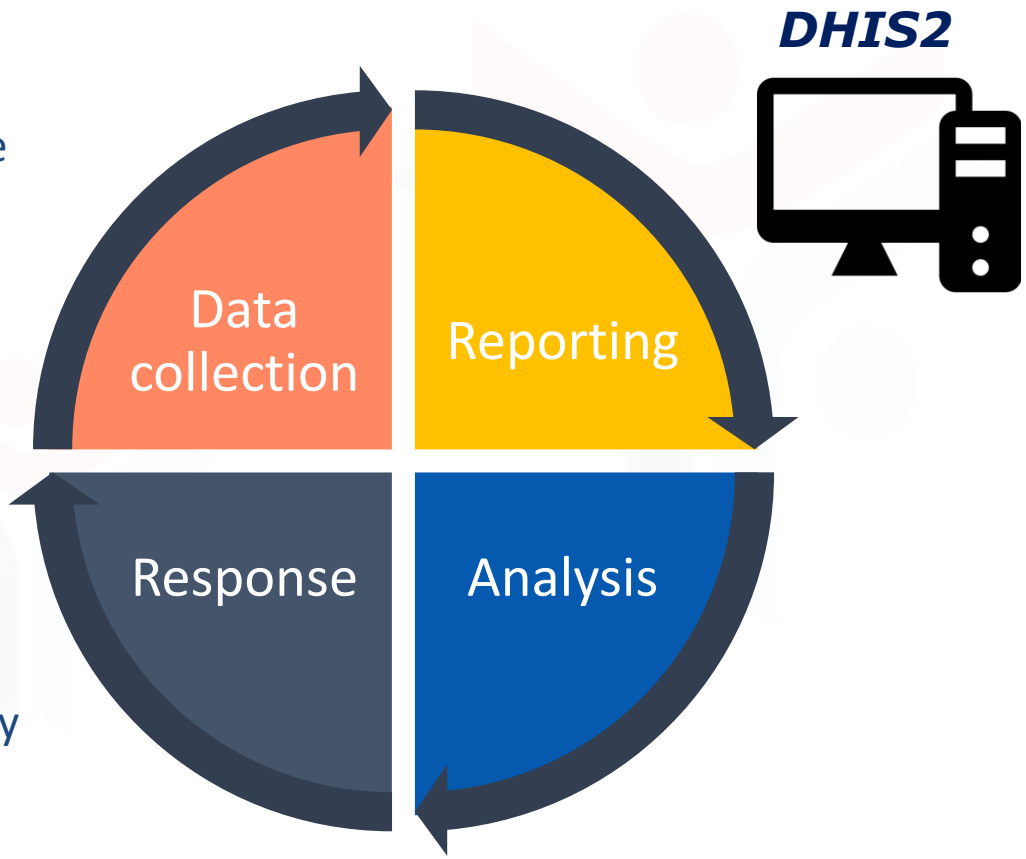
Sources: ACT Watch 2017

Without visibility into the private sector, it is difficult to understand the true situation or implement appropriate interventions

Example:

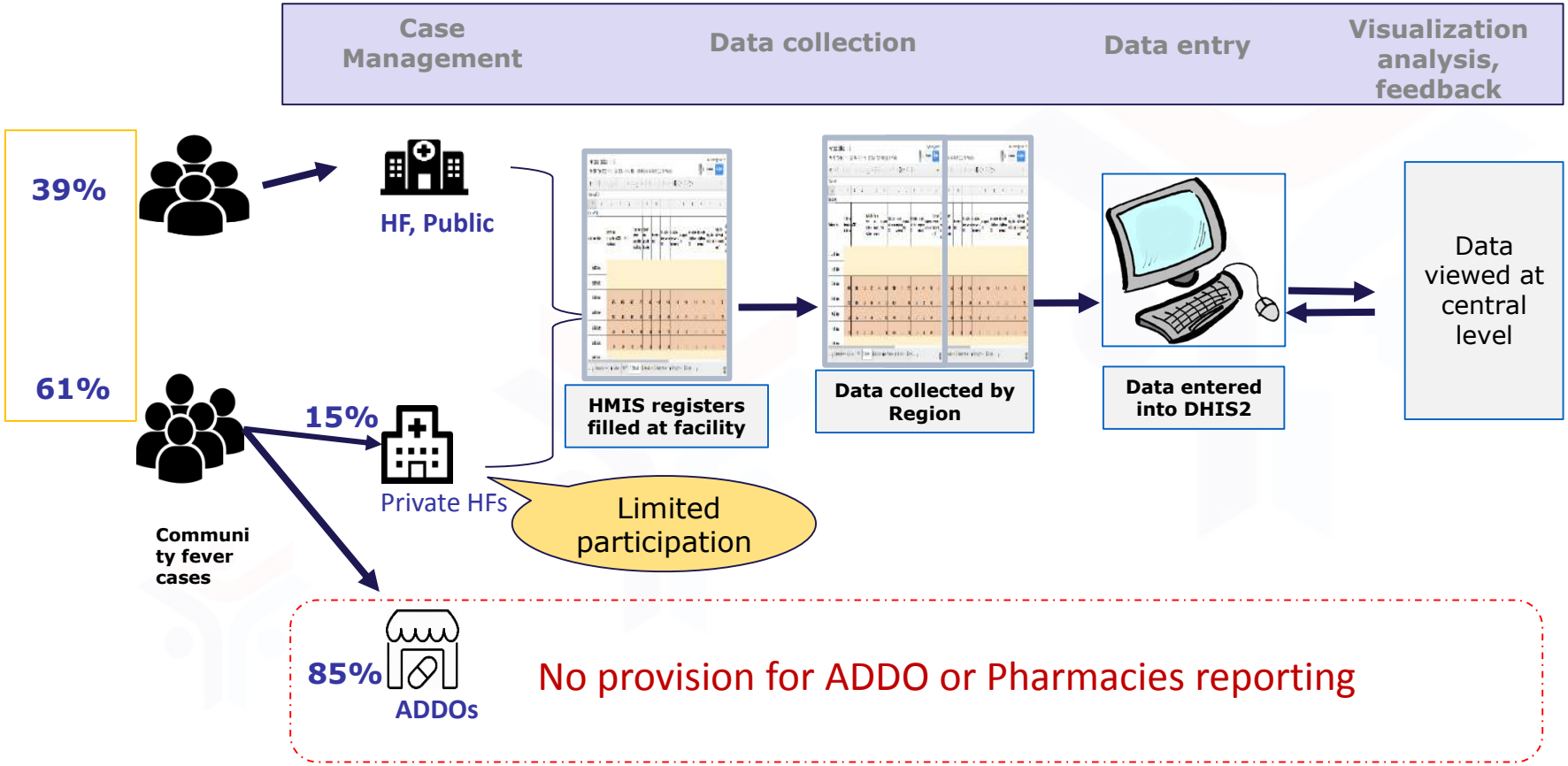
Design and implementation of the co-payment mechanism (CPM) was implemented in TZ with several million $ subsidies going into the private sector

Without visibility on case management practices in places where most people seek care, it was not possible to validate that donor funds were spent effectively or for the NMCP to assess how to target limited resources



Sources: ACT Watch 2017

Very limited private sector data is captured in Tanzania's surveillance system



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In partnership with the NMCP and RCHs, CHAI launched a program to expand case management and surveillance among ADDOs

- Secured funding from Comic Relief to scale up ADDO's Febrile Illness Management training in 4 additional regions through 2019
- Initiated data collection among these ADDOs a USSD platform

- Trained 451 ADDOs
- Conducted 2 rounds of supportive supervision visits
- Initiated data collection among these ADDOs through the Pharmacy Council mobile reporting system (SMS)

Data from supportive supervision visits showed that drug shops can appropriately administer RDTs and provide care to febrile patients

- **RDT performance:** 100% of the providers can perform an RDT correctly
- **RDT interpretation:** 87% interpret test results correctly
- **70% of negative cases are referred** to another facility

- **Waste management practices** are well adhered to:
  - **82% have a sharps container (8% less than previous visit)**
  - **75% incinerate their waste (2x improvement over pilot, 5% increase b/w 2 visits)**
- **mRDT and ACT availability is high:** 79% and 93% had no stock outs in the last 90 days

Note: Supportive supervision was conducted among ADDOs in Oct & Dec 2016 in Morogoro

However, reporting challenges exist

Successes

- 3 in 4 record mRDT results correctly in book
- 3 in 4 record organized and legible data
- 0 experience challenges using paper register
- *Improvement from October*

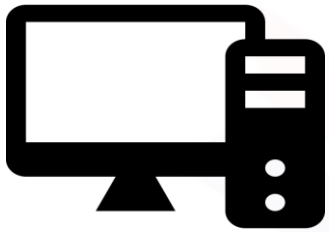
Challenges

- Over half experience challenges with sending summary data by text (SMS)
- 85% experiencing challenges did not receive feedback message: *If no feedback message is received, means the data was not received in PC server*

CHAI introduced a USSD based system for reporting at ADDOs and autonomous private laboratories in 4 regions (and an SMS based reporting system in Morogoro)

Providers fill out the register (line-by-line)

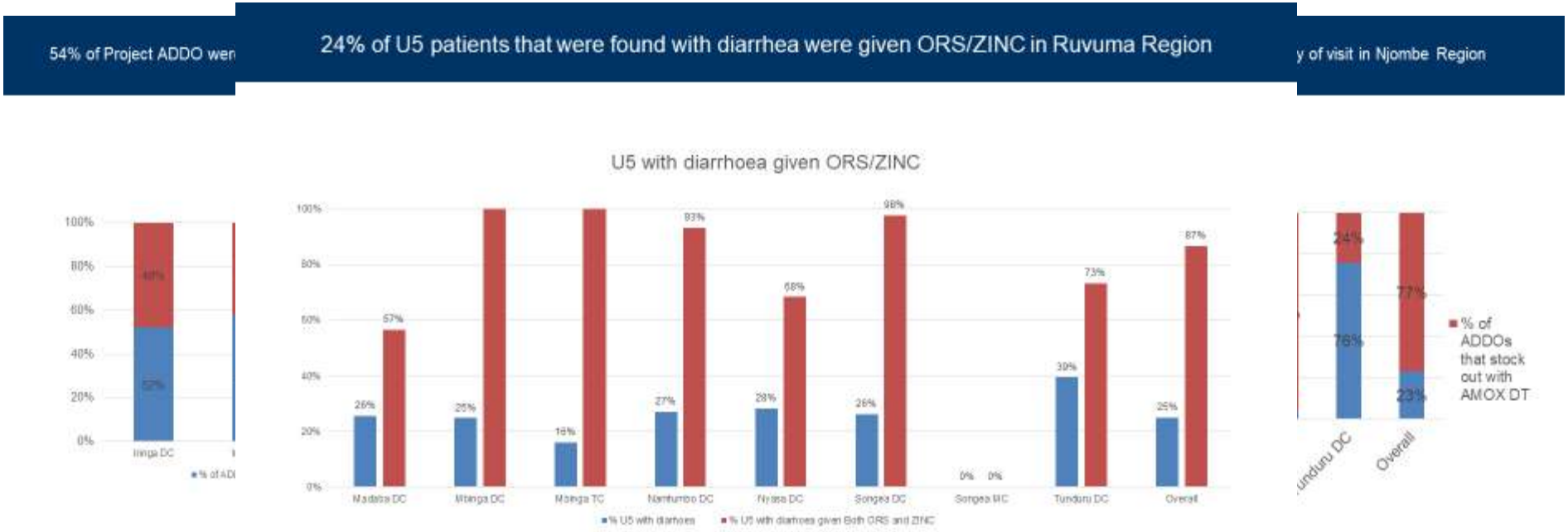
They are reminded 2x/month to submit aggregated monthly data via USSD



Data from USSD platform is aggregated into DHIS2

Data is analyzed, prioritized supportive supervision conducted (using ODK tool) and findings disseminated

Based on surveillance system data and supportive interventions (supportive supervision and dissemination meetings), issues were identified and appropriate interventions implemented



- Many ADI
- DHIS2 data (based on USSD reporting) showed that the ADDOs were not dispensing ORS-Zinc to every child with diarrhea.
- CHAI staff noticed this stockage issue primarily from the ODK tool during SS and from data in the DHIS2 during regular reporting.
- In addition, the Amox-DT issue was discussed among ADDO owners and CHMTs at a dissemination meeting, which prompted them to discuss where the problems might be in the supply chain.

95 Upon investigation, ADDOs said they didn't know where to get the tablets.

- CHAI staff while visiting to conduct supportive supervision shared a list of ADDOs with wholesalers in each region to try to improve connections between wholesalers and ADDOs and facilitate stockage of Amox-DT.
- This prompted discussion and follow-up among local authorities at the dissemination meeting, to ensure that the issue is resolved.

Impact of CHAI private sector surveillance activities

Improving visibility in private sector	• Private sector surveillance efforts in Morogoro and then in Njombe, Iringa, Rukwa and Ruvuma (Febrile illness management – FIM regions) has shed light on febrile illness management in the private sector for the very first time • Reporting rates is 62% at the moment in the FIM regions
Improved case management practices	• Among 40% of febrile cases who had +ve malaria test, 80.4% received QAACTs from the trained ADDOs in FIM regions. • 72% (baseline – 5%) of ADDOs have provided referral to patients with danger signs in FIM regions. • In Morogoro, over 90% of ADDOs performed RDTs correctly and over 75% of clients were referred to another facility upon (–ve) result.
Reduced stock outs of life saving commodities	• Proportion of trained ADDOs stocking ACTs, Amox –DT and Zinc and ORS increased to 40% from baseline of 5% • 72% of trained autonomous labs stocked mRDTs in the last 90 days compared to less than 10% from at baseline.
Reduction in prices of life saving commodities	• Reduced the average price of subsidized ACTs from TShs 3000 down to Tshs 1,495..

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Harmonizing private sector systems across health programs and partners can help the MOH make more informed decisions. However, challenges to integrating the systems exist

Disparate private sector systems	• Different programs within the MoH and implementing partners use different systems for data reporting
Limited integration with DHIS2	• Currently rolled systems have limited integration with DHIS2, limiting ability to integrate public and private sector data
Misaligned metadata structures	• Data collected by the private sector and indicators monitored are not aligned with public sector systems • Metadata structures are unaligned
High cost	• Integrating public and private sector systems will have cost implications and additional costs for system maintenance
Agreement on ownership	• Agreement needs to be reached on the ownership of the data and the underlying system, as the data from the two sectors are integrated
Data security	• As the two systems are integrated, data security needs to be emphasized

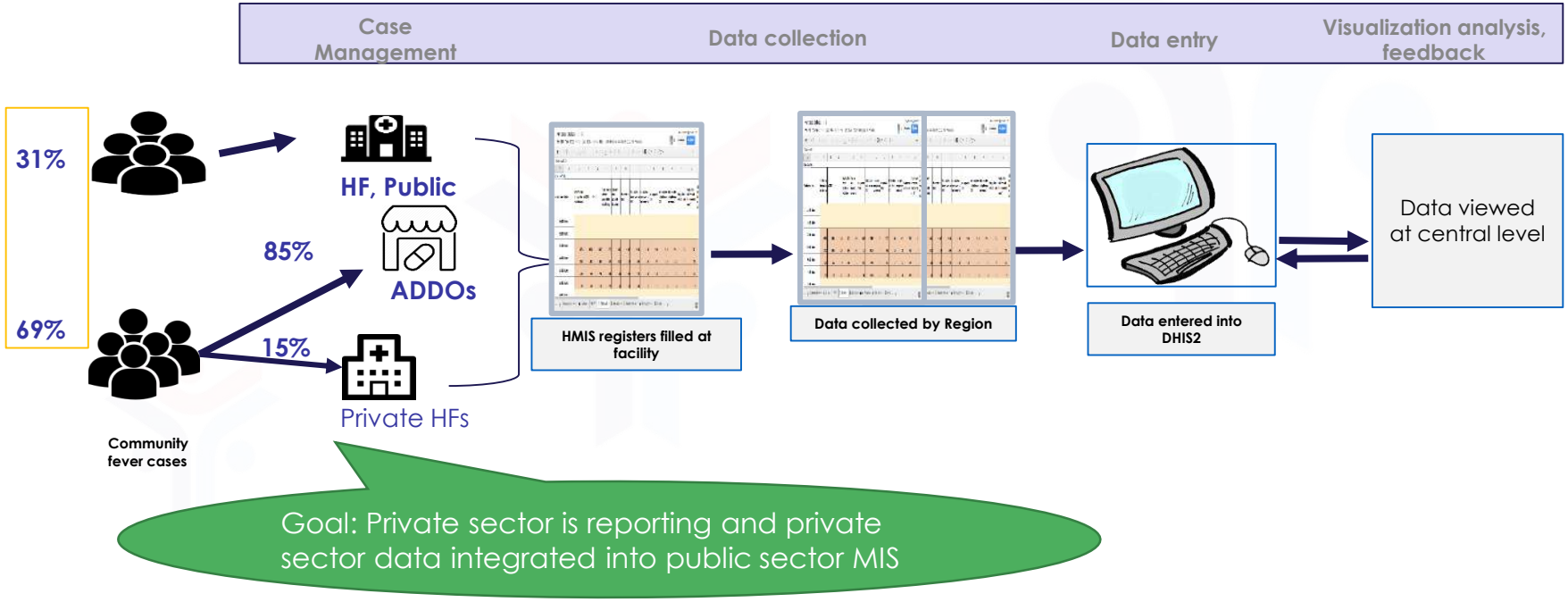
Informal health sector data (drug shops and Autonomous (standalone) labs) is synchronized to MoH - DHIS2 ensuring that this data is taken into account while making decisions

Informal Sector DHIS-2 for Drug shops & Autonomous Labs

MoHCDGEC DHIS2

Some efforts to harmonize surveillance systems have begun…

- In Tanzania, following the launch of the USSD system by CHAI in collaboration with the NMCP and RCHs and eGA, many implementing partners have been interested to expand the system, not only for disease case management data but other interventions such as SBCC. **More efforts are needed to harmonize disparate system within private sector and to integrate with the public sector!**



Acknowledgements

- MOHCDGEC (NMCP and RCH)
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- Department for International Development (DFID), United Kingdom (UK)
- Comic Relief and GlaxoSmithKline (GSK)

THANK YOU FOR LISTENING

WFP World Food Programme

IAPHL International Association of Public Health Logisticians

THE ACCESS AND DELIVERY PARTNERSHIP

Deloitte.

Elizabeth Glaser Pediatric AIDS Foundation | Until no child has AIDS.

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